

AF/3624

61

NIT-84-02

JUN 23 2004

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

PATENT & TRADEMARK OFFICE re Patent Application of

G. TSUKUDA

Serial No. 09/514,352

Group Art Unit: 3624

Filed: February 28, 2000

Examiner: J. Patel

For: A DELIVERY MANAGING SYSTEM

INFORMATION DISCLOSURE STATEMENT (IDS)
UNDER § 1.97 AND § 1.98

Commissioner for Patents
Mail Stop DD
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

1. This IDS should be considered:

(a) when filed within three months of the filing date of the present application, or within three months of the filing date of the National Stage as set forth in § 1.491 in an international application, or before the mailing date of a first Office Action on the merits, whichever occurs last;

(b) when filed before the mailing date of either a Final Rejection under § 1.113 or a Notice of Allowance under § 1.311, whichever occurs first and when 1(a) does not apply. For this purpose, there is included herein either a certification in section 4 below (included when indicated by a marked box), or a fee of \$180.00 (a Credit Card Payment Form in the amount of \$180.00 is enclosed, or if not see section 5 below);

(c) when filed prior to the payment of the Issue Fee, when 1(a)-(b) do not apply, and when a certification is included in section 4 below (included when indicated by a marked box); then the Applicant(s) hereby petition(s) and request(s) consideration of this IDS, and provided herewith is a fee of \$180.00 (a Credit Card Payment Form in the amount of \$180.00 to cover the petition fee, or if not see section 5 below).

2. When 1(a)-(c) do not apply, then it is requested that this IDS be placed in the file.

RECEIVED

JUN 25 2004

GROUP 3600

3. Listing of the information submitted is on the attached Form PTO-1449, which forms a part of this IDS.

4. The undersigned hereby states:

(a) that each item of information contained in this IDS was first cited in any communication from a foreign patent office in a counterpart foreign application, as indicated on the copy of the communication submitted herewith, which communication was dated not more than three months prior to the filing of this IDS; or

(b) that no item of information contained in this IDS was cited in a communication from a foreign patent office in a counterpart foreign application or, to the knowledge of the undersigned after making reasonable inquiry, was known to any individual designated in § 1.56(c) more than three months prior to the filing of this IDS.

5. If a fee or additional fee is required, the Commissioner is hereby authorized to charge any fee or additional fee that may be required and credit any excess to Deposit Account No. 50-1417.

6. If the PTO determines that part(s) of the required content is inadvertently omitted, then it is requested that the Applicant(s) be given additional time and specific identification of such omission(s) to enable full compliance.

Respectfully submitted,



Shrinath Malur
Registration No. 34,663
Attorney for Applicants

MATTINGLY, STANGER & MALUR
1800 Diagonal Rd., Suite 370
Alexandria, Virginia 22314
(703) 684-1120
Date: June 23, 2004



Sheet 1 of 1

FORM PTO-1449
(REV. 7-80)

U.S. DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICE

ATTY. DOCKET NO.
NIT-84-02

SERIAL NO.
09/514,352

LIST OF DOCUMENTS CITED BY APPLICANT
(Use several sheets if necessary)

APPLICANT
G. TSUKUDA
FILING DATE
February 28, 2000

GROUP

U.S. PATENT DOCUMENTS

* EXAMINER INITIAL	DOCUMENT	DATE	NAME	CLASS	SUBCLASS	FILING DATE (If Appropriate)
AA						
AB						
AC						
AD						
AE						
AF						
AG						
AH						
AI						
AJ						
AK						

RECEIVED

JUN 25 2004

GROUP 3600

FOREIGN PATENT DOCUMENTS

	DOCUMENT	DATE	COUNTRY	CLASS	SUBCLASS	TRANSLATION YES NO
AL	06-239419	8/30/94	JP (with English Abstract)			<input type="checkbox"/> <input checked="" type="checkbox"/>
AM	07-021096	1/24/95	JP (with English Abstract)			<input type="checkbox"/> <input checked="" type="checkbox"/>
AN						<input type="checkbox"/> <input checked="" type="checkbox"/>
AO						<input type="checkbox"/> <input checked="" type="checkbox"/>
AP						<input type="checkbox"/> <input checked="" type="checkbox"/>

OTHER DOCUMENTS (Including Author, Title, Date, Pertinent Pages, etc.)

AR		
AS		
AT		

EXAMINER _____ DATE CONSIDERED _____

* EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609; Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.